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(PATENT APPLICATION)

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Application of: Vaidyanathan, et al.

Application No.: 10/038,398

Filing Date: January 2, 2002

Title: Compositions and Methods for Biomedical Applications

- (X) Response to Restriction Requirement (OA dated October 3, 2003), 2 pages
- (X) Transmittal letter, 1 page
- (X) Return Receipt Postcard

Attorney Docket No: 03248.00041



11-03-03

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FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/038,398	
	Filing Date	January 2, 2002	
	First Named Inventor	Vaidyanathan	
	Group Art Unit	3738	
	Examiner Name	Thomas C. Barrett	
Total Number of Pages in This Submission		Attorney Docket Number	03248.00041

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Express mail certificate
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Firm or Individual name	Rebecca Rokos (Reg. No. 42,109)	NOV 06 2003
Signature	<i>Rebecca P. Rokos</i>	TECHNOLOGY CENTER R3700
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